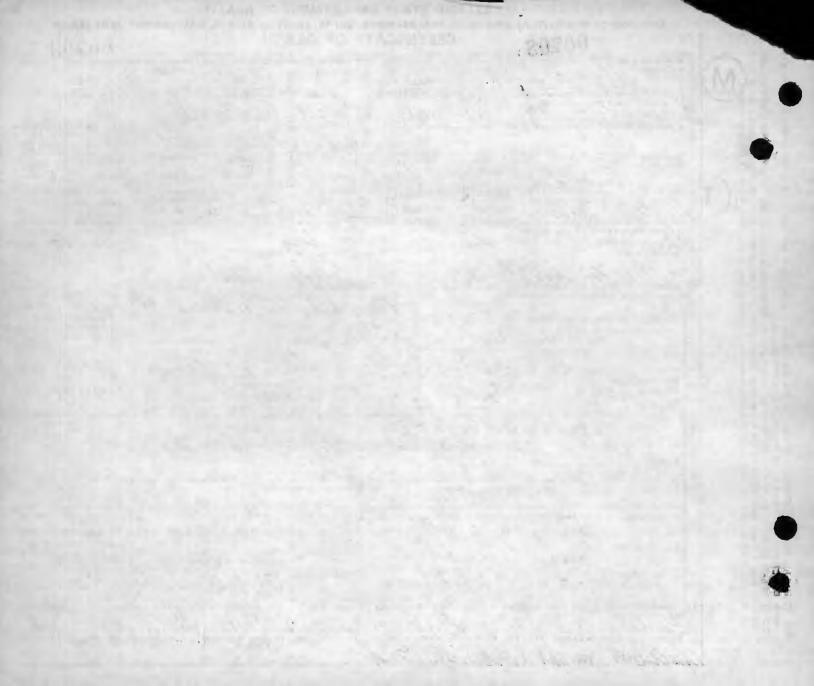
DIVISION OF STATISTICAL RESEARCH AND RECORDS. ESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporaté limits, c. LENGTH OF STAY IN 16 c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, givestreet address) e. IS RESIDENCE ON A FARMI YES NO 3. NAME OF Middle 4. DATE Day DECEASED comple (Type or print) DEATH carbon tt, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED GE (In years | IF UNDER 1 YEAR | Months | Days 8. DATE OF BIRTH IF UNDER 24 HRS. and WIDOWED DIYORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done suring most of working life, even if retired) 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Address (Yes, no, or unkown) | (Ifyes give war or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ane weel IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm. Month, Day, Year 20f. (City or town) (County) (State) __Not While factory, street, office bldg., etc.) Hour a.m. While at work | et work CTOR 21. I certify that (1) (this hospital) attended the deceased from 100 30 1962., and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town or county OF FUNERAL DIRECTOR'S SIGNATURE REGISTRAD 256. REGISTRAR VR A15 (4) DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 1,8 & 9 Film G305 1/26/62 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY (D MARYLAND TOWARD MARULAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) KA KTIMORE Ellicott City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? SHENANDOAH 308 BROWN Rd. HEWARD LARK YES NO M NAME OF First A. DATE Month Year DECEASED NTONINIA ENCH BARTOS KEWICZ DEATH (Type or print) nec 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours FEMALE WIDOWED N DIVORCED T yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) THUANIA ITHUAN IA HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JOSEPH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY: Juns. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate DUE TO couse (a), sloting the underlying couse lost. PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) a. m While Not while of work at work an · 18 - 1962 that I last saw the deceased 21. I certify that I attended the deceased from our. and that death accurred at ONT M, from the causes and an the date stated above. ADDRESS (Street, city or towns state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) CEMETERY 22-62 BALTIMORE HOLV CROSS BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OWAN + SONS INC. HOLLINS & PODOLETON VS A15 (4) 15M 10/57

HIABU BO STADE DES

executed within 24 haurs after dea

HYSICIAN: The law requires that the death certificate be

70

prior

3 shauld TO FUNERAL D

agod

VS A15 (4)

15M 9/58

filled

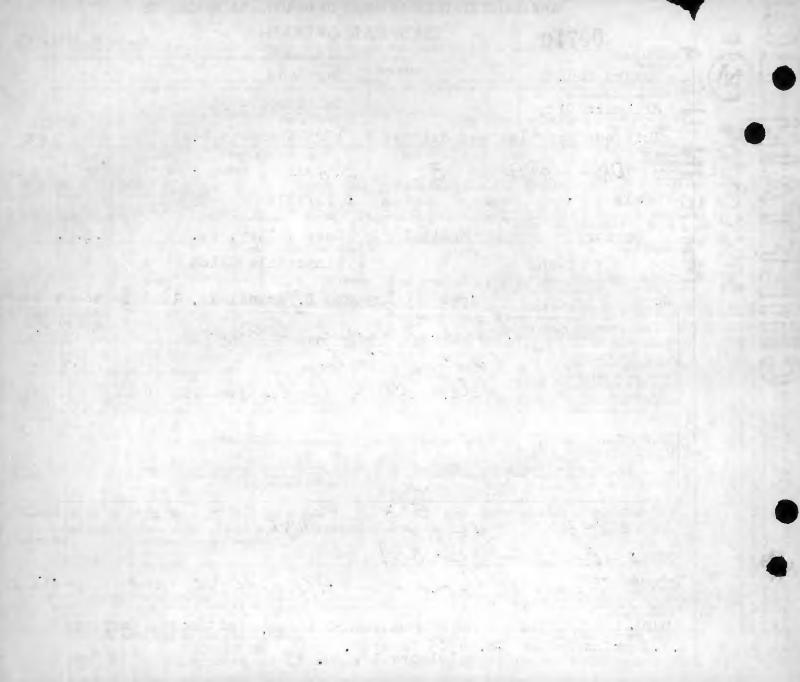
completely

pup

attending

papers.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



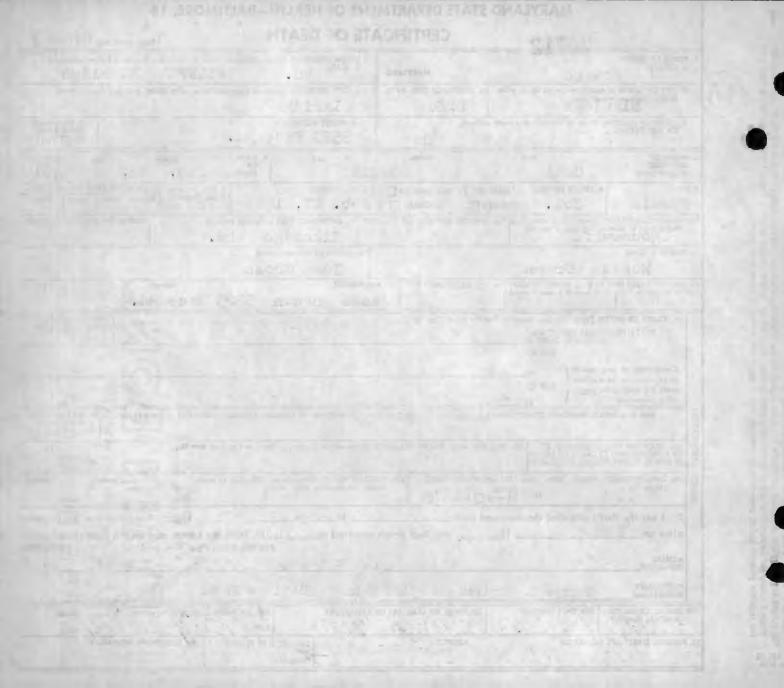
1 1/2		MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 10
8 8 6		00711 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1147116
A P S S S S S S S S S S S S S S S S S S	1, Pt	ACE OF DEATH 2 / 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
8 [A]	o.	COUNTY Howard MARYLAND O. STATE Mary land b. COUNTY Howard
Pag buriol.	b.	CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Pa Pu	1	Eurel-Woodbine 224rs. X Kurel - Woodbine
X Sector.	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS
elay file or	3. N	AME OF First Middle Last 4. DATE Month Day Year CEASED
ony delo funeral a r your fi registrar		PO OF PRINT FRANKLIN WAUGH GLASCOCK DEATH Jan. 18 1962
- 02 d	5. SE	
# D # D #		Male W WIDOWED DIVORCED Mar. 21 1894 67 yrs. Months Days Hours Min.
2 kg d		USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY? 15. CITIZEN OF WHAT COUNTRY?
2, on y be	1	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
E S		George Glascock ANDREA Waugh.
24 hour Pages 1 age 5 m		VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Pa Pa	Yes, :	ic, or unknown) [If yes, give war or dates of service)
E O S =		8. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
ned w 18. m PM permit		PART I. DEATH WAS CAUSED BY: CORD Nary Occ (4910)
7 5 5		A DUE TO A
auld be exected in the pencil in the plang with for burial-transit		conditions, if any, which) the terro schenche Carden Vagay lan 1) sage 1040.
old b encil		gove rise to immediate cause (o), storing the underlying DUE TO
		couse lost. (c)
ffice as a as a	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
nding nding vsed used	N S	YES NOTE NOTE
d pen imineral kd be u	CERTIFICATION	100. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.
Exa Exa	3	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
3 st cot	MEDICAL	Hour o. m. While Not while foctory, street, office bldg., etc.)
Poge	100	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🤼 Inquiry 🕅, and find that
m 5 0 62	1 1	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
CTG ¹ .		3/ 95/ / /
MEDICAL Cale, v		ACTUAL SIGNATURE ADDICAL EXAMINER DATE SIGNED
A So o A		ASSISTANT MEDICAL EXAMINER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e the comorded worded UNERAL remova		NAME (Typo) I haves to terbert M.D. DEPUTY MEDICAL EXAMINER
巴当其正し	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, optcounty), (Slote)
5 2 5 0	7	During 1-20-62 Wafe New Tellewood Hameste, The
VS. A15ME(5)	23. F	UNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE
5M 9/55		THE THE THE STATE OF THE STATE
200		

No. of the last of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Filed P

may be retained to the state of the state of



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Howard Co. MARYLAND Marvland Howard b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest 18wn) write RURAL end give neerast town) Elkridge Elkridge d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 1113 Montgomery Road 1113 Montgomery Road YES NO 3. NAME OF Midd e Last 4. DATE Morth DECEASED OF Harless 1962 (Type or print) DEATH January Thelma Louise Graham 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) female whi. te Months Hours WIDOWED DIVORCED X Feb. 11, 1915 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during post of working life, even if retired) West Virginia FATHER'S NAM Thomas Graham MOTHER'S MAIDEN NAME Ethel Masters VEZON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INPORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) ∠no unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mvocardial infarction IMMEDIATE CAUSE (a) Office burial-f DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Examiner Se cause lest. PART (I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0]1 19. WAS AUTOPSY PERFORMED? NO CERTIFIC, P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. XAMINER: 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. certificate, warded to the et work at work OR: 21 I certify that I took charge of the remains described above, held an Autopsyxx. Inspection and in my opinion Inquiry lease execute the certific I should be forwarded it I FUNERAL DIRECTC its designated agent, it CI Undetermined manner death resulted from: Natural causes 300 Accident Suicide Homicide CHIEF MEDICAL EXAMINER DESCRIPTION OF DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Russell S. Fisher. M. DEPUT January 24, 1962 NAME (Type) Address (Street, city town, or county) 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) (Stata) 40 6 UNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURS VS. A15ME SM 9 60

	•			
		. ,		

1 %		MARYLAND STATE DEPARTMENT OF HEALTH	
- April		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND 自合なし
rer eral		1. PLACE OF DEATH 1. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where decases of lived, if institution in the control of the cont	
funeral should		a. COUNTY HOUSE Rd MARYLAND . STATE b. COUNTY	ni Rasidanca pelore admissioni
and the sail		b. C.TY OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest town),	end giva naeres: towh)
4 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	거	Ellicott Sity BALTIMORE	<u> </u>
within within		d. NAME OF HOSPITAL OR INSTITUTION (in not in hospital, give street appross) d STREET ADDRESS d STREET ADDRESS 1/1/3 ARB TT 511	e. IS RESIDENCE ON A FARM?
ed v	-	3. NAME OF Fist Middle Last 4. DATE Month	Day Yeor
raple pap in 72		(Type or pr nt) Mattilda Julia Hessler DEATH Jan.	24 1962
d co bon withi		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER AT ED 8. DATE OF BIRTH 9. AGE (In years IF UND	DER 1 YEAR IF UNDER 24 HRS.
ate b n an e car ent,		remale white wowers divorced . 1/26/8/8 83 vs.	CITIZEN OF WHAT COUNTRY?
rlifica rsicia mov y ev		done 1 19 most of " 'fe avan if ratrad)	115A
h cert 3 phys ise ren in any		HOUSE WIFE 14 MOTHER'S NAME 14 MOTHER'S MAIDEN NAME	.C
death nding p		unknown Boudow Pauline unknown	<i>t</i> 3 -
the atter Then val, c	7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) (Ifyasgivawarordatasofsarvica) MR. AUGUST Hessel	322 Rogers
that in. it.]		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c)]	- ELLIGIT CITY
uires rsicia d by perm perm		PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) INPUMORIA Obar Milower lobe	ONSET AND DEATH
requirient in phy		490X DUE TO	
law rding seen s al-tra		Conditions, if eny, which gave rise to immediate cause	
The affer as be buri		(e), stating the underlying DUETO	
AN: al or are h s the	A	PART II OTHER SIGNIF. CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
SICI ospilitic rtiffic ise a		PART II OTHER SIGNIF. CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	YES NO
HY he he his ce for u		ZOB. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED (Enter nature of in ury in Port I or Part II of I fem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
IG I by the		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	County) (State)
Africadera of		Hour e.m. While Not While factory, street, office bldg., etc.)	
Dept Dept			19.6.2-that (i) (we) last
OR A. nay be IREC should State		saw the deceased alive on /	on the date stated above.
D m e		thomas Lerbert, M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1-24-62
K DT	1	22c. PHYSICIAN'S NAME (Type) - T	1.
FO 12 L 70		234 BUR AL FREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or or	ounty) (Siele)
TO HOS death. TO FUT directo		1-27-62 Holy Redeemer BALTIMO	Re Md
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 250 REC'D BY REGISTRAN 25b. REGISTRAN	
15M 9/60	4	Leonard Kuck 5305 Harford For DATE WARD & 802 arthu	of L. Kring
1	1		



Z		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-		UU715 CERTIFICATE OF DEATH
funer	M)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE b. COUNTY b. COUNTY
the state of the s		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest lown)
24 in by in an		write RURAL and give nearest town) X E IK Y 10 9 E 27 Md.
Med Med Is aff	X.	d. NAME OF HOSPITAL OR INSTITUTION (if right in hospital, give street address) d. STREET ADDRESS e. 15. RESIDENCE ON A FARM?
Non-in-in-in-in-in-in-in-in-in-in-in-in-in	1	3. NAME OF FIRST PLANT OF THE MORTH DOY YEAR
mpfer pape n 72		(Type or print) A/C X Q MC CY H/19605 - NON N-JNA DEATH / 28 1962
and co carbon tr, withi		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE FBIRTH 8. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 In years IF UNDER 1 YEAR IF UNDER 24 HRS.
icate t cian an ove car event,	T	Made Calard WIDOWED DIVORCED - 910 5 yrs. 106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR NOUSTRY) III, BIRTHPLACE (County & State, or fore gn country) 12, CITIZEN OF WHAT COUNTRY?
ortific ysicia emov vy ev	(-)	LAPATET BOLL SA
th ce g phr ase ra in ar		13. FATHER'S NAME
dea indin indin and		15. WAS DECEASED EVER HOUS. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
the alter Ther oval,		(Yes, no, or unkown) (If easive war or dates of service) 2/2-18-470 > Dorothu Alaba SAME
s tha ian. iy the mit. reme		18. CAUSE OF DEATH [Enter only one cause per ine for (e), (by, and (c).)
quire nysici led b led b f per f per		PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) L'ARALA! (all'illar) & fly frethine or
w re ng ph sign ransi		Conditions, it any, which) b) (fire the file file de en like
ne la endir been rral-t		Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO 1
At The strath has he but urial,		cause last. (c) Collab # L. UCC
rital clicate as H as H to b	d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED? PER 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED? PER 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED? PER 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED? PER 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED? PER 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PREFORMED?
YSIC hosp certil certil		20s ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18]
A 함 하 하		
ING of by After Pache		20c. TIME OF (NJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f. (City or town) (County) (Stete) Hour e.m. 19 al work at work
O.R.		21. I certify that (I) (this hospital) attended the deceased from the last to the last that (I) (we) last
本語の記事		saw the deceased alive on
OR May DIRI Sho		228. SIGNATURE ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED
900 5		22c. PHYSICIAN'S 22d., ADDRESS
NE NE	1	NAME (Type) THE THOUGH DIF 194 1800 19 THE
deeth.		236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stole) REMOVAL (Special) Laster A Communication (City, town or county)
O C A15 (4	0	24 FUNERAL DIRECTOR'S SIGNATURE 25B. REGISTRAR'S SIGNATURE
15M 9/60		thought les souly are DATEJAN 31 '62 willed & there

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00716

00711

PLACE OF D		,			RYLAND	o. STATE		e deceased	lived. If institut b. COUNTY			re admiss	iton)
	Howar			c. LENGTH OF ST		Mary			ate limits, write f		ward		-1
RURAL an	d give near	utside carporate limit est town) ott City	s, write	c. LENGIN OF SI	AT IN ID	1	cott C		are nimits, write i	KUKAL ONG	1 Blac ue	arest tuwn	13
OR INSTIT	TUTION	(If not in hospitol, gi		oddress}		d. STREET A		Dana					IDENCE FARM?
	7.7 NE						ew Cut	DATE					
DECEASED (Type or prin	nt)	Firs	LA	Mid	-	HNSO		OF DEATH	Ja:		Do •	,	Year 19 62
Femal		Color or RACE	7 MARR	RIED NEVER MAI		DATE OF BIRTH			9. AGE (In years last birthday) 74 yrs	Months		Hours	ER 24 HI Min
Oa, USUAL OC during mas Domed	t af working	(Give kind of work of life, even if retired)	ane 10b.	KIND OF BUSINESS	S OR INDUSTI	Y 11. BIRTHPL Mary		foreign co	untry)	12 CI	ITIZENO	FWHATC	OUNTR
3. FATHER'S N	AME					14. MOTHER'S	MAIDEN NA	ME					
John (Cole					Loll	y Cole						
S. WAS DECEA (Yes, no, or unknow		N U. S ARMED FORG		SOCIAL SECURITY	i	lette B	everly	280	5 W. Fay	rette	Str	eet	
gove ris	ins, if any se to imm stoting the use last.	nediate (DUSTO	<u>.</u>	YPERTE	NSWE	CARD	NOVAS	NLAR	DISEA	SE	•	10 >	<12
PAR	r II OTHER	SIGNIFICANT CON	OTIONS C	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GI	VEN IN PA	ART 1(0)	PERFO	AUTOPS DRMED?
20g. ACCIE OR CONTR (IF EITHER,	ENT WAS IBUTING E NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	OCCURRED.	(Enter nature at	Finjury in Pa	irl I ar Port	II of item 18)				
	o. m. p. m.	Manth, Doy, Yea	While	NJURY OCCURRED Not while at work	20e. PLAC facta	E OF INJURY () ry, street, affice	Home, farm, bldg., etc.)	20f (City	or town)		(County)		(Sto
	•	(I) (this hospitol					- And - A 2 3		he causes of				
220 SIGN/	ATUR	1. thoops			М		DIRE	CTOR 🗆	STAFF PHYS			22	b, DATE SIGN
22c PHYS (CIAN'S (Type)	ETER V.	THO	RPE, M	פי	HOQ C		IGIA R	D, ELLI	2011	7217	۲, ۲	V,D
230. BURIAL, CI SEMOVAL BUTIA	(Conneliu)	23b. DATE THEREO 1/18/62	F	23c NAME OF C	EMETERY OR	EREMATORY	2		it. Mary	,)	(Stai	le)
24. FUNERAL D		SIGNATURE		ADDRESS			2So REC'D			ISTRAR'S			
A. Ha	Istea	1 978 Dmii	a Hi	17 Ave B	offe	Md	DATEJAN	1 6 '62	a	Times &	House	A	

page 3 should be detoched for use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remaval, TO HOSPITAL OR ATTENI moy be rela VR A1S (4) 1SM 9/S9

the funeral director, ould be fited with

HYSICIAN: The law requires that the death certificate be executed within 24 hours after deat

CTOR. After this certificate has been signed by the attending physician and campletely filled in eletoched for use as the burial-transit permit. Then pleam Immove carbon papers. Pages 3 and

and in any event, within 72 hours ofter death.



1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	
HEALIH DEPT.	I. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Whare daceased lived, If institution: Ras danca before admission)
Y Sar V	Howard County Maryland Manyland 6. COUNTY
	b. CITY OR TOWN (if outs de corporata film its, write RURAL and give nearest town) write RURAL and give nearest town)
rector.	
à de la companya de l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
9 9 9 9	Tip Top Motel, Elkridge, Maryland 1902 N. Collington Avenue YES NO NO NO NAME OF THE PARTY NO NO NO NAME OF THE PARTY NO NO NAME OF THE PARTY NO NAME OF THE PARTY NO NAME OF THE PARTY NAME OF
Heny of the fun- retain. The State of Geath.	DECEASED
프 눅 되운 건	(Typa or print) CHARLES ETIMEN TOPDAN DEATH
南の大きの子	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IT UNDER TATAR, IF UNDER TATARS.
I and	Male White WIDOWED DIVORCED Feb 14.1911 50 yrs.
s 1, 2, a age 5, and 72 and	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S P P	Pump operator City Water Dept Baltimore Md U.S.A.
サーベ ので	13. FATHER'S NAME
within 24 8. Give form PA form PA fit. File p	Sherwood Jordan Alice Dorsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	[Yes, no, or unknown] [Hyesgivawarordalasofservica] Baltimore 6 Md
ted will tem 18. with for permit.	Mrs Madeline Bittner 2020 North Ave(Overlea)
executed til in Item Iteng will ansit perr and in any	PART I DEATH WAS CAUSED BY.
6 보 의 및 6	MMEDIATE CAUSE (a) Hypertensive & Arteriosclerotic Cardiovascular Disease
ould by in per Office burial-	Conditions, if any, which (b)
0. 0.4 5	gava risa to fimmadiata causa
ificate sl pending aminer's sed as a n, or re	(a), staling the underlying DUE TO
certificate shading" Examiner's Se used as a	
his ce word cal Ex d be emati	PERFORMED? YES NO -
: This control word word world be lould be cremal	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part or Part of Item 18.)
四年 2 売売	PRIMARY Or CONTRIBUTING CONTRIB
AMINE writing to Chief I Page 3 s	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
XAM Te, wr the C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) While Not While at work at work.
to the prior	21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection I, Inquiry I, and in my opinion
展生型合作	death resulted from: Natural causes XI, Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
TEDI forwar L DIR	SIGNATURE ACTIVATE M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
PUT Exe. 13 th	EXAMINER'S DEPUTY MEDICAL EXAMINER
DEPUT Bess exe	NAME (Type) / HOWARD G. SHAUB, M. D. Addrass (Streat, city, town or county)
Shoul Shoul FUN r its d	226. BURIAL, CREMATION 22b. DATE THEREOF Z2c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
5 g 4 5 p	Burial Janlo, 1962 Gardens of Faith Overles Baltimore Co Vd. 23. FUNERAL DIRECTOR ADDRESS / 3.) Timbic Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. AISME - A	23. FUNERAL DIRECTOR ADDRESS 13. It impic Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	J. Melville Jenkins 2713 KIRKAre 1 DATE JAN 10'62 Chan & thrown
·	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE MEDICAL EXAMINER'S OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eyed, If institution, Residence before edmission) a. COUNTY **b.** COUNTY Maryland Howard Howard MARYLAND b. CITY OR TOWN (if outside corporate l'mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm ts, write RURAL end give neerast town) write RURAL and give nearest town Woodbine Woodbine d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e, IS RESIDENCE ON A FARM? Duvall Road Duvall Road YES NO refaine he State 3. NAME OF Middle Last 4. DATE Month Yeer Dev DECERSED OF (Typa or print) FILA MAY JUNKTNS DEATH 19 62 January 30 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF SIRTH last birthday) Months Days Hours WIDOWED ! DIVORCED Female 2000 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 8. Give Pages Woodbine, Maryland pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Rruce Junkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17, INFORMANT (Yes, no, or unkown) | (If yasgive wer or detes of service) permit. Catherine Junkins, Duvall Rd. Woodbine, Md None EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic and Hypertensive Cardiovascular IMMEDIATE CAUSE (a) pencil Disease. XMXXXX Office burial Conditions, if any, which (b) gave rise to immediate cause "pending" Ø Examiner's DUE TO SE (e), stating the underlying cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATIO PERFORMED? 8 the word K NO F Medical 70 shoule 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | Chief MEDICAL 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY (County) (Steta) Month, Day, Yaar factory, street, office bldg., etc.) Not While While Hour a.m. forwarded to the et work at work Partial certificate, 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Homicide Undetermined manner Natural causes Suicide death resulted from: CHIEF MEDICAL EXAMINER the designated ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED should Le for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 18/62 DEPUT Charles S. Petty, M.D. NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 240 g Sunshine, Mo Rurial Mt.Carmel 24a. REC'D BY REGISTRAR, 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME F.C. Higinbothom, Ellicott City, Md DATE JAN 2 2 162 1 1 Hand & Krane 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



罗 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4
FOR STATE	0071MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission as COUNTY
sssary, Page files, Health,	HOLARD MARYLAND MARYLAND MARYLAND HOLARD
Bocessary ictor. Pagi our files, of Health	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
rector.	MARRIOTTSVILLE Marriottsville
N & Co	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tall, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM
fune fune raine State eath.	HENRYTON ROAD Henry town Road YES NO
If an the f	OF DEATH 10 (a)
3 to be be th th	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
de de may 22 will will will will will will will w	Male Colored WIDOWED WIDOWED DIVORCED APRIL 18 19/10 St birthdey) Months Deys Hours Min.
1,2, and 2 ho	10s. USUAL OCCUPATION (Give kind of work done during mgh of working) life, even if refired)
Page 1	Dilloren Construction Mil. S.A.
PASS PASS PASS PASS PASS PASS PASS PASS	13. FATHER'S MAIDEN NAME
i i i i i i i i i i i i i i i i i i i	15/WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
with 18.	(Yes, no, or unknown) (Hypergiva were or detas of survice) Mrs. Almo. Infraspon - 5 Jones ave. Refresently)
lem Nett	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]
exection along transit and In	PART I. DEATH WAS CAUSED BY: Lobar pneumonia ONSET AND DEATH
	DUE TO
slould lines in personal a burial removal.	Conditions, if any, which (b)
M Dain to go	gever is a to Immediate cause [a), stating the underlying DUE TO
S E E P O	causa last. [c] part I. Other signif can't Conditions contributing to death but not related to the terminal disease condition given in part II.a.) 19. Was autops:
0 2 X W	PERFORMED? YES 17- NO 1-
This medical culd to could to could the	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Pert II of 'tem 18')
発布を表記	
WINE vriting Chief age 3	20c, TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stells) Hour e.m. (While Not While factory, street, office bldg., atc.)
	Hour e.m. While Not While at work at work
Fe the certificate, forwarded to the L DIRECTOR: H	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection, Inquiry, and in my opinion
EICA arded arded BECI agent,	death resulted from: Natural causes X Accident Su.cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER XX
ine ine di se di s	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
TATE of the state	DEPUTY MEDICAL EXAMINER 7
DEPUTA Gase execute the should be forw FUNERAL D	NAME (Type) RUSSETL S. FISHER, M.D. Address (Street, city, town, or county)
S S S S S S S S S S S S S S S S S S S	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Sity, lown, or country) (Siete)
5 g 4 5 g	23. FUTER 1-24-62 AMENIONE MALLONIS MULLISTON THAT,
VS. AISME	(A) (A) (A) and (A)
5M 9/60	VIIIMO ST. STREYAN - XI GREETER I MEG. DATE SHE & DE CHAMA & THANK



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 16 To c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Ellicott City mos te 4200 death certificate be executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address; d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Rd. YES NO 3. NAME OF M ddle 4. DATE Month Yeer DECEASED OF (Type or print) DEATH 19 5. SEX AGE (In years HE UNDER I YEAR 7. MARRIED I NEVER MARRIED IF JNDER 24 HRS. pue last birthdey) | Months Days WIDOWED [DIVORCED physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Houscrife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moody unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give wer or dates of service) Fanily ΝO Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART I. OTHER SIGNIF CANT COND TIQUES CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1 WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) Month, Doy, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. to....., 19....., that (I) (we) last and that death occurred and M, from the causes and on the date stated above, saw the deceased alive on..... 22e. SIGNATURE 22b. DATE SIGNED ATTENDING 0 PHYS. DIRECTOR PHY5. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL 0'5 Gedan Cem. Balto. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4) ISM 7,61 Acculty Funeral Homes 130 E. Fort Ave. JAN -5 DATE Thur & House

RYLAND STATE DEPARTMENT OF HEALTH

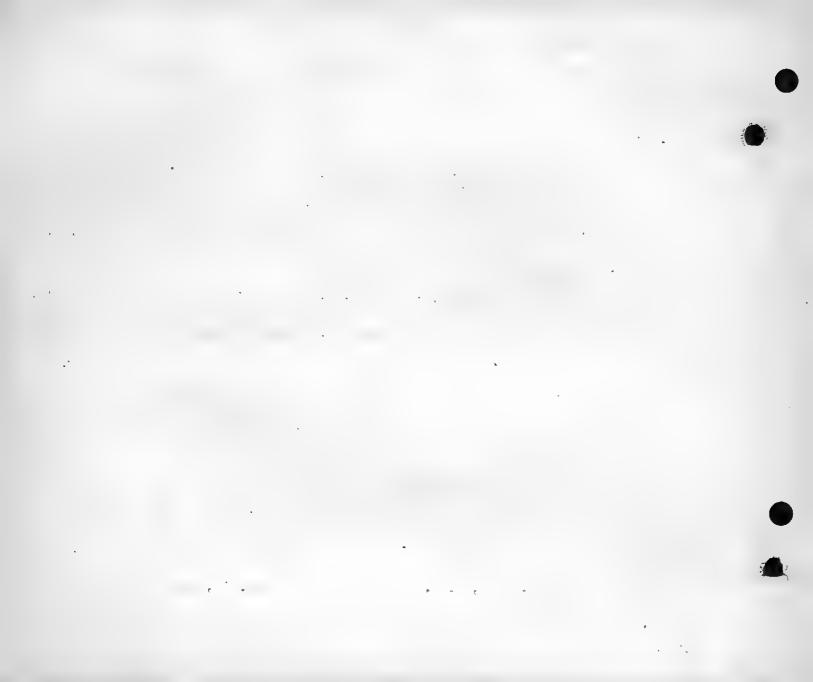


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAN ERTIFICATE OF DEATH FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. if institution: Residence before admission) a. COUNTY **b.** COUNTY director, Passing Howard Howard MARYLAND Waryland b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give naarast town) Elkridge Elkridge d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, g va street addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Behind 6714 Washington Blvd. in woods YES NOWX 6714 Washington Blvd. Stat 4. DATE 3. NAME OF Midda Knight Year DECEASED OF (Typa or print) DEATH Jan. 22.1962 19 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 9. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Pages U. S. A. XXXXXXXXX Sr. Supervisor Baltimore City Washington, D.C. pages I within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie L.Snyder Jeremiah E Men 15, WAS DECEASED EVER IN U.S. ARMED FORCES? Blvd. 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasgivawarordatasofsarvice) permit. Lillian E. Knight, Elkridge, Vd, 6714 Washington 218-26-5382 18. CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c),) INTERVAL BETWEEN r's Office along vs a burial-transit premoval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 min. IMMED ATE CAUSE (a) Suffocation from hanging DUE TO gava risa to immadiala cause DUE TO (a), slating the undarlying Examiner PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. YEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Ž cremat NO Y should 2Da. EXTERNAL CAUSE WAS 2Db. DESCR BE HOW INJURY OCCURED, (Enter nature of injury 'n Part I or Part I of Jam 18.) PRIMARYY or CONTRIBUTING CAUSE OF DEATH. Hung himself from a tree CAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY [Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) No! While ÷ ‡e 1-221962 at work at work % Woods Elkridge Howard OR: 2) I certify that I took charge of the remains described above, held an Autopsy . Inspect on T. I. Inquiry X and in my opinion 0 forwarded b Suicide X Undetermined manner death resulted from. Natural causes Accident Homicide CHIEF MEDICAL EXAMINER lease exect the should be forward FUNERAL DII ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Y DEPUT George E. Burgtori NAME (Typa) Addrass (Straat, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Baltimore, Maryland Ø 4 0 g 1/25/62 Parkwood Cemetery Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR VS. A15MEA Howard H. Hubbard 4107 Wilkens Avenue #29 Octome S. Kones 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



	PLACE OF DEATH	44/ HOWARD	MARYLAN	II o STATE	/here deceased tived If instituti b. COUNTY	Carrol1	e odmission) Howard
	b CITY OR TOWN RURAL and give	(If outside corporate limit	ts, write c. LENGTH OF STAY IN		outside corporate limits, write R		
′ L	Sykesvil	10		X Sykesvill	е		
	or institution River Ro		ive street oddress)	d. STREET ADDRESS River Roa	d		6. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	Fire	st Middle	Last	4. DATE Mor		
L	(Type or print)	Nina_	Vickers	MEILEE	DEATH Januar		1962
5.	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED [B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Hours Min.
	emale	ATTO ACT	WIDOWED DIVORCED	a loging To This	4 47 yrs.		
10	uSUAL OCCUPAT during most of we	ION (Give kind of work or irking life, even if retired)	done 10b. KIND OF BUSINESS OR IN				WHAT COUNTRY
_		- Retired			, Maryland	U.	S. A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN			
L		Vickers			ne Baekey		
(4	es, no, or unknown)	FER IN U.S. ARMED FORCE It yes, give wor or dates of se	CES? 16. SOCIAL SECURITY NO.	INFORMANT	Add Mettee-River R		
F. P.	lo	l	215-40-5073	nr. n. boyd	We cose=VIAst V		
		EATH [Enter anly ane cou EATH WAS CAUSED BY	ouse per line for (o). (b), and (c)	1 -		ONS	RVAL BETWEEN ET AND DEATH
	115	IMMEDIATE CAUSE (a)	//	isseeling a	Manmal		1960
	4-51	DUE TO	C.T. Com		1		702
П	Conditions, if	immediate (a)) come ceneur	ikm - 21	weh,		מק
	couse (b), stating						1962
CERTIFICATION		, (6))DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART 1(o) 15	9 WAS AUTOPSY PERFORMED? YES NO
E E	200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in	Part I ar Part II of item 18 }		
18	20c. TIME OF INJU			PLACE OF INJURY (Home, for factory, street, office bldg., e	m, 20f (City or town)	(County)	(State
₹	Hour o.m		While Not while				
	Hour e.m	10	While Not while of work at work				
₹	Hour o.m	10	deceased from	in, 1967, 10	8 Jess., 1967		
₹	Hour o.m	. 19	deceased from		3M, from the causes an	nd an the date	stated above
₹	21. I certify	. 19	deceased from			nd an the date	stated above
₹	21. I certify alive an	that attended the glan	deceased from	m.D. Sy	3M, from the causes an	ad an the date	stated abave
MEDICAL	21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that attended the grand E. Howard E. ON, [226. DATE THEREO	deceased from	M.D. Syk	3M, from the causes an ADDRESS (Street, city or town, Lister Willy 2018)	and an the date	
MEDICAL	21. I certify alive an actual signature PHYSICIAN'S NAME (Type)	that attended the grand E. Howard E. ON, [226. DATE THEREO	deceased from	M.D. Syk	AM, from the causes an ADDRESS (Street, city or town. Australia, Mary):	and an the date	stated abave DATE SIGNE State (Stote)



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON	RE 1, MARYLAND
E E	-	00123	111718
章	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If institution in the country b. COUNTY) b. COUNTY	tution; Residence before admission)
the sattle	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RU	Wicanica RAL and give neerest lown)
24 in by in the		write RURAMand give nearest town)	22 x - 2
if him		d. NAME OF JOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
hou hou	+,	Mansey Kun Kard Maddle lest 14 DATE Month	YES NO
paper 1	3.	NAME OF DECEASED (1/2) Print (Day Yeer
d correction within	5.	SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BATH 9. AGE 19 years IF I	
te branch and carrier, very		WIDOWED DIVORCED April 16, 1893 68 yrs.	onths Days Hours Min.
hifica siciar move / eve	10a	s. USUAL OCCUPATION (Give kind of work ne duning most of working life, exempt retired) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHP. ACE (County & Stete, or fore gn country)	12, CITIZEN OF WHAT COUNTRY
phy.	13	FATHER'S NAME	USA
ding ding pleas nd ir		Laner & Harrison Flavoure Cill	
the charten		WAY DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15. no. or unkown) (Ifyes give were or detes of service)	greey Run Rd
that if		no Calherine Dungel	Jessif =
siciar d by Serm or r		18. CAUSE OF DEATH [Enter only one have per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	MASET AND DEATH
requipply physical properties of the physical properties of the physical properties of the physical ph		IMMEDIATE CAUSE (a)	West
law ding sen s sen s sel-tra rema		Conditions, if any, which (b) Couly there beet Jouleur	Menu.
The atten as be buris		gave rise to immediate cause (e), stating the underlying DUE TO	
AN: lor lor buri	z	Cause lest. (c)	IN PART 1(e) 19 WAS AUTOPSY
Spiral sp	ATION	· <u>·</u>	YES NO
HYS is cer or u	CERTIFICA	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
bed the	SE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED , 20e PLACE OF INJURY (Home, farm. ; 20f. (City or lown)	(County) (State)
DIN ned Hit detac	MEDIC	Hour e.m. While Not While fectory, street, office bldg., etc.)	(5.510)
Sept.	1	21 certify that (I) (in shospital) attended the deceased from the ball to the state of the sta	, 19 , that (I) (**e) las
ould ould			d on the date stated above
Dill She Sign		220 SIGNATORE AND PHYS. DIRECTOR PHYS.	ALIGIN. 20, WILD S GNEE
page with 1		22c. PHYSICIAN'S	man Sollier
JAN 1	-	NAME (Type) ROBERT C WING-FIELD Laurel, Md.	
direct direct be file	23	REMOVAL (Specify)	or county) (Siete)
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1250 REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
15M 7/61	1		Chur & Kraus
Di			



15M 9/5B



				Item				2/62 :	Lwk		e.	1 00
			00725		CERTIFICA	ATE OF D	EATH	•		Reg. Dist.	No. {:	111/2
	1. PL a	COUNTY STATE	Howard		MARYLAND	2 USUAL RESID	DENCE (Wh	ere deceased lived	If institution b. COUNTY	Residence	before admis	sian)
)	b.	RURAL and give I	(If outside carporate limit nearest town)	011	OWN (If a	ulside carparate lu	nits, write RUI	RAL and give	nearest tow	n)		
'nù	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION SHAFER NURSING HOME				1 <i>E</i>	d. STREET A	DDRESS	ON AVE	-		ON	SIDENCE A FARM?
	D!	AME OF SCEASED ype or print)	Fin		Middle	Los		4. DATE OF	Manth TAN		Doy	Year
	5 SE		6. COLOR OR RACE		VER MARRIED DIVORCED	B. DATE OF BIRTH	TOU		E (In years	FUNDER 1 Y	FEAR IF UND	ER 24 HRS
	10a	USUAL OCCUPATE during mast af was ETIRED	ION (Give kind of work dirking life, even if retired)	one 10b. KIND OF	BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State of	or foreign country)		12. CITIZE	N OF WHA	T COUNTRY?
	13. F/	ATHER'S NAME	?			14. MOTHER'S	MAIDEN N	IAME /	7			V
	15. W (Yes. 1	VAS DECEASED EV	ER IN U. S. ARMED FORC			ARAS,	stu \$781,	0 83	Addre 3 UN		AVE.	
	1		ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		(b), and (c).]	cular Co	lla	ne.			INTERVAL B	ETWEEN
		Canditions, if	DUE TO	Card	La Fa	ulm					48	- hes
0		gave rise to cause (a), stating lying cause lost	the under-	Arterio	clusty	Carolin	Vara	when M	Seane		10	yn
	CERTIFICATION	PART II. Q1	HER SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART I	PERF	AUTOPSY ORMED?
		700. ACCIDENT W OR CONTRIBUTING IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	706. DESCRIBE HOV	V INJURY OCCURRE	D (Enter nature a	f injury in F	Part I ar Part II af	item 18.)			
	MEDICAL	Oc. TIME OF INJU Hour a m. p. m.	RY Manth, Day, Yea 19	While Notes of work at work	whilefac	ACE OF INJURY (I clary, street, affice	Home, farm, bldg., etc.	20f. (City or tox	wn)	{Cou	inty)	(Stale)
		21. I certify	hat I attended the		and that death	, 19 <u>6</u> Z			. 1962			
		ACTUAL SIGNATURE	Koman 2	Deibe			' 4	ADDRESS (Street, c	ity ar tawn, st	ate) 1/9	9/62 🛚	ATE SIGNED
1		PHYSICIAN'S PAME (Type)	Phomas F.	Herbert	D.							
		BURIAL, CREMATION REMOVAL (Specify			ME OF CEMETERY O	R CREMATORY		22d. LOCATION ((Sta	te)
*	23. FI	UNERAL DIRECTOR	R'S SIGNATURE		RESS	e,	24e. REC'I	BY REGISTRAR N 1 2 '62	24b REGIST		ATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page 4 The

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after deal

may be retained by the cartificate has been signed by the attending physician and campletely filled in by page 3 shaw the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 arms the registrar wiar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00727

CERTIFICATE OF DEATH

00722

	00:44		CERTITI	CAII	L OI DEAI	•		Reg. Dist	. No.	
PLACE OF DEATH O. COUNTY Howard			MARYLAN		USUAL RESIDENCE (W o. STATE Maryland	here deceas	ed lived If institut b. COUNT		e before adm	ussion)
b. CITY OR TOWN RURAL ond give Ellicott		its, write	c. LENGTH OF STAY IN	lb >	Ellicott		orote limits, write	RURAL ond gi	ve nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital,			I	d. STREET ADDRESS Bethany Ia		1,		ON	RESIDENCE LA FARM?
3. NAME OF	Fi		Middle		pe orienta 19	4. DATE		on th		Yeor
DECEASED (Type or print)					6031	OF		11.1962	Day	19
5. SEX	JAMES 16. COLOR OR RACE	T =	SINGHASS	V1 0. D	ATE OF BIRTH		9. AGE (In year			- +
Male	White	WIDOWI				>	lost birthdoy)	Months [Days Hou	
00 USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN		ept. 26, 1888				EN OF WHA	T COUNTRY
during most of wo	orking life, even if retired)					.,			
13. FATHER'S NAME		l tr	rocery Store		Virgini MOTHER'S MAIDEN]		
	1 1 1			'						
	<u>istian J.Sir</u> /ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INITO	<u>Lena St</u>	omp_		dress		
(Yes, no, or unknown)	I lit has dive met or dates of:	ervice]								
No		2	15-32-2224	Mrs.	Phillip Ge	erman,	Bethany	Lane, El	Llicot	t City
	EATH [Enter only one co	use per li	ne for (o), (b), ond (c).]		1				INTERVAL ONSET AL	BETWEEN OD DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Lac	rdead of	au	lure.				21	need
117	DUE TO									
Conditions, if	ony, which									
gove rise lo	immediate (1- 116	7 0		-		
lying couse lost	g me under-	arc	inoma of	nos	tate Ha	nel	, ,	•	13 ye	al
Z PART II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	AINAL D SEA	SE CONDITION G	IVEN IN PART	1(0) 49. WA	AS AUTOPSY
ATIC		n	une)						PER	FORMED?
20n. ACCIDENT W	AS UNDERLYING	20b DES	CRIBE HOW INJURY OCCU	IRRED (F	nter noture of univery in	Port Lor Pr	art II of item 18 1		1 163	
OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	100 000	CRIDE FIGHT ROOK OCCU	MALO: (C)	iner ilotore or reporty in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ZOc. TIME OF INJU				PLACE	OF INJURY (Home, for street, office bidg., et	m, 20f. (Ci	ty or town)	(Co	ounly)	(Stote
Hour a.m.	. 19	White of wor	k Not while	tocidly,	, sileer, diffice blug., er	(-)				
	that I attached the		ed fram Mov.	10	1958 to 9	an 1	1/ 106:	2.1		1 .
//	indi i dijenged ine					2		Sthat I las		
alive an	10 6	, 196	and that de	ath ac	curred at		the causes a			ed above ATE/SIGNE
ACTUAL 1	1.11	Your	away		Ook . TT P.	ADDRESS (Street, city or low	1, \$1010)	1/1	Allasigne
SIGNATURE	all milled	- Al-	1	M.D.	terred to	7 1	ILCO.		1/11/	04
PHYSICIAN'S NAME (Type)										And the Colon Miles
220. BURIAL, CREMATI REMOVAL (Specif	y)		22c. NAME OF CEMETER		EMATORY		ATION (City, town		(5	(tote)
Rurial	1-15-7	962	Mt.Oliv	<u>e</u>			ndal 1st o	wn, Md	A LA PAIRE	
23. FUNERAL DIRECTO			ADDRESS		24a. REC	D BY REGI	100	GISTRAR'S SIGI		
F.C. Higin	bothom, Elli	cott	City, Md		DATE	≈wut : 5	102	arthur &	Theres	

may be retained by the hyperal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registror prior to burial, cremotian, or remayal, and in any event within 72 haurs after death. TO HOSPITAL VS A15 (4) 15M 9/58

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) * COUNTY Howard nector. h. files. b. COUNTY MARYLAND Marvland Howard b. CITY OR TOWN (f outside corporate I m ts. E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Clarksville Rural Clarksville 6 months d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cedar Lane Cedar Lane YES NO K 3. NAME OF 4. DATE Midd.e Month DECEASED (Type or print) DEATH Edward Page Trible January 16 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months Davs Hours Male White WIDOWED TO DIVORCED T August 17, 1888 10a. USUAL OCCUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page dona during most of working I fe, aven if ratirad) Salesman Elec. Appliance Virginia U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Trible Nannie Page XXXXXXX 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17, INFORMANT (Yes, no, or unkown); (If yes give werondetes of service) m 047-07-8303 Charles P. Taylor, Clarksville, Maryland 18. CAUSE OF DEATH [Enter only one cause par fine for (a), (b), and (c)] ONSET AND DEATH Cerebral vascular accident IMMEDIATE CAUSE (a) Instant DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of stam 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour am While Not While ± 4 at work at work CIOR Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X and in my opinion Natural causes x death resulted from. Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/16/62 DEPUTY MEDICAL EXAMINER should FUNE Charles S. Whitaker, M.D. NAME (Typa) Address (Streat, city, town, or county) Clarksville, Md 220. BURLAE CREMATION | 225 DATE THEREOF 22c. NAME OF GEMETERY OR CREMATOR 22d. LOCAHON (City, town, or country)_ E40 9 FUNERAL DIRECTOR 24n, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE VS. A15ME JAN 1 8 '62 Curing & Thrus 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

funeral director,

hould

.트 등

Filled in

completely

ottending

permit.

gned

÷

3 should TO FUNERAL

poge

VS A15 (4)

15M 9/58

low requires that the deoth certificate be executed within 24 haurs after de



should

and in by the first and 2 same after death.

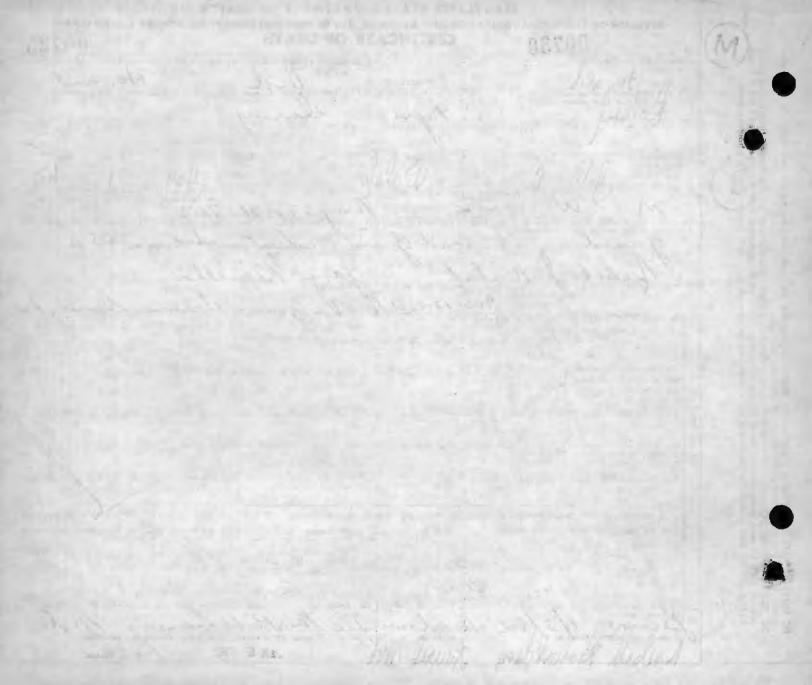
PHYSICIAN: The law requires that the death certificate be executed within 24 L DIRECTOR: After this certificate has been signed by the attending physician and completely a 3 should be detached for use as the burial-transit permit. Then please remove capton papers the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hou the hospital or attending physician. NDING ned by OR A death. Par TO FUNERAL I director, page 3 be filed with the

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00730 00725

1. PLACE OF DEATH	11 2. USUAL BESIDENCE (Where deceased lived, If institution, Resid	ience before edmission
a. COUNTY	a. STATE 10 b. COUNTY	1
TOWN DIAG MARYLAND	Ind Han	rand
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL end give	re nearest town)
	XXXX	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give strent address)	d. STREET ADDRESS	I a. IS RESIDENCE
d. White of the first the first the flow the flower, give side accepts)	1 c. state about	ON A BARM?
	/	YES NO.
3. NAME OF Thirst Middle		ay Year
(Type or print)	OF DEATH	10/2
5. SEX COLOR OR RACE T MARDIED THEYED MADDIED TO	B. DATE OF BIRTH 19. ANE (IN years H UNDER 1 YEA	AR I IF UNDER 24 HRS.
3. SEX OLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
WIDOWED DIVORCED	May 27,891 70 5.	111111
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		OF WHAT COUNTRY?
done during most of working life, even if retired)	11111 1 - 1.1	15 0
guard Scoast Qua		JA
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME	
Mahal- X. Wal-	Jane Kennell-	
15. WAS DECEASED EVER IN U.S. AMED FORCES? 16. SOCIAL SECURITY NO. 17.	IMPORMANT Address	
(Yes, no, or unknown) (livesgive water detesofservice)		2
105-12-0323 //	us Vuguero Harman D	curry the
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cenely - Verse	la Espericlent	
to a		
DUE TO		
Conditions, if any, which) (b) arterio sclerate	Cenchi yasanlın dise ince	
gave rise to immediate cause		
(e), staring the underlying		
	OT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III	10 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF REALES TO THE PERMITTER DISEASE CONDITION OF THE INTERNAL	PERFORMED?
3		YES NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part I or Pert II of item 18.)	
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTION OF CONTRIB		
	ACE OF INJURY (Home, farm, 1 20f. (City or town) (County)	(Stete)
	ctory, street, office bidg., etc.)	(31616)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from.	1000 161- 1060 to Jeenen 1 1062	that (1) (wa) lad
saw the deceased alive on the 1962, and that	t death occured at Z.M.M., from the causes and on the	
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
5. 1/2 Name to the alon	M.D. PHYS. DIRECTOR PHYS.	2-1-62
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type))	096 had 0 1	51
E Roderick Stripley	329 Cump Mende Rend, Lib	11 m can
238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (2)ty, town or county)	Cy (Stete)
REMOVAL (Specify) 1/3/12 Mendania	Lee MenRail Dance	Mil.
24 FUNERAL DIBEGIOR'S SIGNATURE	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGI	NATURE
Manufaction of the second		C
The state of the s	A DATE INTO JULY 1 TO A TO THE TENT I TO	En water



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH											
funeral should	1. PLACE OF DEATH 00731	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission										
547 TAT	Howard Marylan	Maryland Howard										
by Ill and r deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)											
ed in ges 1 after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS . IS RESIDENCE										
Nous X	RFD 3, Mt. Airy	RFD 3. Mt. A1ry ON A FARM?										
plete 72 r	3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Dey Yeer OF DEATH To 1960										
e ca	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	7 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.										
carb	Male White WIDOWED DIVORCED	June 1.1901 last birthdey) Months Deys Hours Min.										
ove even	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY										
physi any any	Auctioneer and farmer	Frederick Co., Md. USA										
ling lease												
ttend en p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyesgive werordelesofservice)	Frances Mary Day Address										
mov.	No 218-12-6263	Mrs Lucy V. Warfield, Item 2										
by the ermit	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY:	Carlinger on de Sant ONSET AND DEATH										
phys gned sit p ion,	DUE TO	1.4										
ding	Conditions, if eny, which gave rise to immediate cause	Thma higas										
atten as be buriè ial, c	(a), steting the underlying DUE TO											
ate has the b	(6)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
rriffica rriffica or to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUPANTING CAUSE OF DEATH If IF ITHER, NOTIFY MEDICAL EXAMINER)	YES NO										
is ce for u	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING 1 CAUSE OF DEATH 1 THE EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter neture of injury in Part) or Pert (I of item 18.)										
ter the Ched Healt		o. PLACE OF INJURY (Home, ferm, 201. (City or lown) (County) (State) factory, street, office bidg., etc.)										
fined detail	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour s.m. While Not While at work at work 19											
Dept	21. I certify that (1) (this hospital) attended the deceased f	from 9.10 1957 to 1.1. 1967 that (I) (we) last that death occurred at 10PM, from the causes and on the date stated above										
REC hould state	saw the deceased alive on	22b, DA¥										
the 33 s	James V. Kern	M.D. ATTENDING MED. STAFF PHYS. 172 G										
with with	22c. PHYSICIAN'S James P. Kerr	Damascus, Md.										
FUNI FUNI rector,	23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)										
कैंद्रे व	Burial Jan. 4,1962 Pros	pect Nr. Mt. Alry, Md.										
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE THE ADDRESS Dama & CI											
3()												

MARYLAND STATE DEPARTMENT OF HEALTH

Bucsl- Long Corner RID 3 to elect 20000 Branzable E and a James P. Jerry Parkings, 10. The water of the second state of the state of

Tonnoll - Level and the day of the case of the 00 foot, s made from estro 60 Augustinger and targer - Protested its. no. : Use

THE STREET MOTORY

PRESTANCE Mes Dier V. Beeffeld. Thek ? and the second of the second o

TOTAL ME TENTILE MILE

The the throughout At-